

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Illinois				Voluntary Petition											
Name of Debtor (if individual, enter Last, First, Middle): Giannelli-Toniolo, Carolyn			Name of Joint Debtor (Spouse) (Last, First, Middle):												
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): DBA Dr. Carolyn M. Giannelli, P.C.; FDBA Army Trail Dental; AKA Carolyn Giannelli; AKA Carolyn Toniolo			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):												
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-7111			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)												
Street Address of Debtor (No. and Street, City, and State): 208 Ariana Drive Bartlett, IL			Street Address of Joint Debtor (No. and Street, City, and State):												
ZIP Code 60103			ZIP Code												
County of Residence or of the Principal Place of Business: Dupage			County of Residence or of the Principal Place of Business:												
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):												
ZIP Code			ZIP Code												
Location of Principal Assets of Business Debtor (if different from street address above):															
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.											
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).												
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY											
Estimated Number of Creditors <table style="width: 100%; text-align: center;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>						<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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Estimated Assets <table style="width: 100%; text-align: center;"><tr><td><input checked="" type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion						
Estimated Liabilities <table style="width: 100%; text-align: center;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input checked="" type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>				<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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B1 (Official Form 1)(1/08)

Page 2

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Giannelli-Toniolo, Carolyn**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

- None -

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X

Signature of Attorney for Debtor(s)

(Date)

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Giannelli-Toniolo, Carolyn**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Carolyn Giannelli-TonioloSignature of Debtor **Carolyn Giannelli-Toniolo****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

June 10, 2009

Date

Signature of Attorney***X /s/ Richard L. Hirsh**

Signature of Attorney for Debtor(s)

Richard L. Hirsh 1225936

Printed Name of Attorney for Debtor(s)

Richard L. Hirsh & Associates, P.C.

Firm Name

**1500 Eisenhower Lane
Suite 800
Lisle, IL 60532-2135**

Address

Email: richala@sbcglobal.net**630 434-2600 Fax: 630 434-2626**

Telephone Number

June 10, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B 1D(Official Form 1, Exhibit D) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Carolyn Giannelli-Toniolo**

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Carolyn Giannelli-Toniolo
Carolyn Giannelli-Toniolo

Date: June 10, 2009

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **Carolyn Giannelli-Toniolo**,
 Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	6,547.50		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		900.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	4		90,841.92	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		457,023.24	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			3,178.01
J - Current Expenditures of Individual Debtor(s)	Yes	2			5,513.00
Total Number of Sheets of ALL Schedules		31			
Total Assets			6,547.50		
Total Liabilities				548,765.16	

United States Bankruptcy Court
Northern District of Illinois

In re **Carolyn Giannelli-Toniolo**,
 Debtor

Case No. _____

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6A (Official Form 6A) (12/07)

In re Carolyn Giannelli-Toniolo, Case No. _____
Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		cash in wallet.	-	40.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Harris checking account #2910420393	J	295.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		2 couches, 3 end tables, coffee table, dining room table w/6 chairs, hutch, kitchen table w/6 chairs, loveseat, 2 chairs, cocktail table, 5 televisions, 2 queen size beds, 2 nightstands, dresser w/mirror, 3 twin size beds, dresser, 3 desks w/a chair, table, chest of drawers, 2 armoire, kitchen table w/4 chairs, 2 computers. appliances 208 Ariana Drive, Bartlett IL	J	2,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Old school books, 5 pictures on the wall about 20 CD's. 208 Ariana Drive, Bartlett IL	W	100.00
6. Wearing apparel.		Business and Casual Attire. 208 Ariana Drive, Bartlett IL	W	300.00
7. Furs and jewelry.		engagement ring	-	500.00
8. Firearms and sports, photographic, and other hobby equipment.		exercise equipment. 208 Ariana Drive, Bartlett IL	J	50.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Lincoln Life #7291633491R term policy NCV	-	Unknown

Sub-Total > **3,285.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Carolyn Giannelli-Toniolo, Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		Dr. Carolyn M. Giannelli, P.C. 100% of shares	-	Unknown
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Carolyn Giannelli-Toniolo,
Debtor

Case No. _____

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		Dental License	-	Unknown
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2004 Isuzu Ascender with 75,000 miles. (owned jointly with Mary Labaate) 208 Ariana Drive, Bartlett IL	J	2,837.50
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		couch, armoire, dental drill, pictures located at dental office in Addison	-	300.00
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **3,137.50**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.		Lawn Mower and Washer and Dryer. 208 Ariana Drive, Bartlett IL	J	75.00
		lawn mower and equipment	-	50.00

B6C (Official Form 6C) (12/07)

In re Carolyn Giannelli-Toniolo

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPTDebtor claims the exemptions to which debtor is entitled under:
(Check one box)☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Harris checking account #2910420393	735 ILCS 5/12-1001(b)	295.00	590.00
<u>Wearing Apparel</u>			
Business and Casual Attire. 208 Ariana Drive, Bartlett IL	735 ILCS 5/12-1001(a)	300.00	300.00
<u>Furs and Jewelry</u>			
engagement ring	735 ILCS 5/12-1001(b)	500.00	500.00
<u>Interests in Insurance Policies</u>			
Lincoln Life #7291633491R term policy NCV	215 ILCS 5/238	100%	Unknown
<u>Stock and Interests in Businesses</u>			
Dr. Carolyn M. Giannelli, P.C. 100% of shares	735 ILCS 5/12-1001(b)	3,205.00	Unknown
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2004 Isuzu Ascender with 75,000 miles. (owned jointly with Mary Labaate) 208 Ariana Drive, Bartlett IL	735 ILCS 5/12-1001(c)	2,387.50	5,675.00

Total:	6,687.50	7,065.00
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0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 70-009211-4			4/01/04					
Delaware Place Bank 190 E. Delaware Place Chicago, IL 60611	X		auto lien on title 2004 Isuzu Ascender with 75,000 miles. (owned jointly with Mary Labaate) 208 Ariana Drive, Bartlett IL				900.00	0.00
			Value \$ 5,675.00					
Account No.			Delaware Place Bank P.O. Box 9328 Lombard, IL 60148					
Representing: Delaware Place Bank								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							900.00	0.00
Total (Report on Summary of Schedules)							900.00	0.00

0 continuation sheets attached

B6E (Official Form 6E) (12/07)

In re Carolyn Giannelli-Toniolo

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. 36-4195433			12/31/2001					
Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114-0326		-	Corporate debt for Dr. Carolyn M. Giannelli, P.C.	X				0.00
							44,996.79	44,996.79
Account No.			IRS STOP 5013CHI 230 S. DEARBORN ST. Chicago, IL 60604					
Representing: Internal Revenue Service								
Account No.			IRS PO Box Cincinnati, OH 45280-0010					
Representing: Internal Revenue Service								
Account No. 36-4195433			6/30/2002					
Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114-0326		-	Corporate debt for Dr. Carolyn M. Giannelli, P.C.					0.00
							7,098.47	7,098.47
Account No.			IRS STOP 5013CHI 230 S. DEARBORN ST. Chicago, IL 60604					
Representing: Internal Revenue Service								
Subtotal								0.00
(Total of this page)							52,095.26	52,095.26

Sheet **1** of **3** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (12/07) - Cont.

In re Carolyn Giannelli-Toniolo

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Representing: Internal Revenue Service			IRS PO BOX 80110 Cincinnati, OH 45280-0010					
Account No. 36-4195433 Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114-0326		-	6/30/2003 Corporate debt for Dr. Carolyn M. Giannelli, P.C.				6,329.66	0.00 6,329.66
Account No. Representing: Internal Revenue Service			IRS STOP 5013CHI 230 S. DEARBORN ST. Chicago, IL 60604					
Account No. Representing: Internal Revenue Service			IRS PO BOX 80110 Cincinnati, OH 45280-0010					
Account No. 5237344 Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114-0326		-	10/25/2005 Corporate debt for Dr. Carolyn M. Giannelli, P.C., Tax Lien recorded in Dupage County	X			32,417.00	32,417.00 0.00
Subtotal (Total of this page)							38,746.66	32,417.00 6,329.66

Sheet 2 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (12/07) - Cont.

In re Carolyn Giannelli-Toniolo,
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Representing: Internal Revenue Service			IRS STOP 5013CHI 230 S. DEARBORN ST. Chicago, IL 60604					
Account No. Representing: Internal Revenue Service			IRS PO BOX 80110 Cincinnati, OH 45280-0014					
Account No. 								
Account No. 								
Account No. 								
Account No. 								
Subtotal (Total of this page)							0.00	0.00
Total (Report on Summary of Schedules)							90,841.92	58,424.92

Sheet **3** of **3** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 16599 Advanced Me. Inc. 600 Town Lane, Suite 500 Kennesaw, GA 30144	-	2008 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	5,063.76
Account No. 11903920 Alexian Brothers Medical Center c/o Harris & Harris Ltd. 664 N. Milwaukee Avenue Prospect Heights, IL 60070	-	10/01/07 medical bills				697.00
Account No. Representing: Alexian Brothers Medical Center		Alexian Brothers Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007-3397				
Account No. 149906 American Dental Accessories, Inc. 7310 Oxford Street Minneapolis, MN 55426	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	153.42
Subtotal (Total of this page)						5,914.18

14 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 18819			2008				
American Family Heating & Air 7069 West Avenue Hanover Park, IL 60133		-	Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	99.00
Account No. 039Wecpl172720061101			2009				
American Recovery Services, Inc. 555 St. Charles Dr., Suite 100 Thousand Oaks, CA 91360		-	Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	835.00
Account No. 2009LM001740			2008				
ARN Neri Development, Inc. c/o Vincent C. Argento 1100 N. Arlington Heights Rd., #510 Itasca, IL 60143		-	Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	17,886.92
Account No.			ARN Neri, Development, inc.				
Representing: ARN Neri Development, Inc.			c/o Valerie Loftus 1001 W. Lake St., Suite A Addison, IL 60101				
Account No.			2008				
Artistic 470 Woodcreek Drive Bolingbrook, IL 60440		-	Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	Unknown
Sheet no. 1 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				18,820.92

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 3252810347 Associated Pathology Consultant c/o Northwest Collectors 3601 Algonquin Rd., Suite 23 Rolling Meadows, IL 60008		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Opened 9/01/06 medical bills				117.00
Account No. Representing: Associated Pathology Consultant		Associated Pathology Consultants P.O. Box 3680 Peoria, IL 61612-3680				
Account No. D1235588302 Barrington Ortho: Phase One 1030 W. Higgins Road Hoffman Estates, IL 60169		2009 medical bills				1,000.00
Account No. Representing: Barrington Ortho: Phase One		Barrington Ortho c/o ACC International 919 Estes Court Schaumburg, IL 60193-4427				
Account No. 239570 Biomet 3i, Inc. P.O. Box 863094 Orlando, FL 32886-3094		2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.		X		1,309.29
Sheet no. 2 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,426.29

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Capital Dental Technology 1952 McDowell Road Naperville, IL 60563	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	Unknown
Account No. Capital One Bank c/oCoface Collections North America P.O. Box 8510 Metairie, LA 70011-8510	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	35,486.34
Account No. Representing: Capital One Bank		Capital One Small Business c/o Coface North America 3001 Division Street Metairie, LA 70002				
Account No. 3806302 Central DuPage Hospital c/o H&R Accounts Inc. P.O. Box 672 Moline, IL 61265	-	11/01/08 medical bills				92.00
Account No. Representing: Central DuPage Hospital		Central DuPage Hospital 0N025 Winfield Road Winfield, IL 60190-1295				
Sheet no. <u>3</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 35,578.34

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Representing: Central DuPage Hospital		Central DuPage Hospital c/o H&R Account Inc. 7017 John Deer Parkway Moline, IL 61265				
Account No. 2680A Certified Services Inc Po Box 177 Waukegan, IL 60079	-	6/01/08 Corporate debt for Dr. Carolyn M. Giannelli, P.C.				125.00
Account No. Representing: Certified Services Inc		Certified Services Inc 1733 Washington St., Suite 2 Waukegan, IL 60085				
Account No. 8798 20 183 0489251 Comcast Cable P.O. Box 3002 Southeastern, PA 19398-3002	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	741.64
Account No. 0413111010 ComEd P.O. Box 6111 Carol Stream, IL 60197-6111	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	127.21
Sheet no. 4 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 993.85

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Representing: ComEd		ComEd Bill Payment Center Chicago, IL 60668-0001				
Account No. 4447960119204988 Credit One Bank Customer Service Po Box 98873 Las Vegas, NV 89193	-	8/01/02 Credit card purchases plus accrued interest				2,033.00
Account No. Representing: Credit One Bank		Credit One Bank P.O. Box 98875 Las Vegas, NV 89193				
Account No. 4447 9601 1920 4988 Credit One Bank P.O. Box 60500 City Of Industry, CA 91716-0500	-	2009 Credit card purchases plus accrued interest				2,033.63
Account No. 2008SC006410 Darby Dental Supply LLC c/o Abrams & Abrams, P.C. 180 W. Washington St., #910 Chicago, IL 60602	-	2008 Corporate debt for Dr. Carolyn M. Giannelli, P.C.		X		2,776.83
Sheet no. <u>5</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,843.46

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. INV402095			2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	207.95	
Dash Medical Gloves 10180 S. 54th Street Franklin, WI 53132	-							
Account No.			2009 temp employment services				648.00	
Denatal Power 100 Westgreen Drive Suite 203 Chapel Hill, NC 27516	-							
Account No. 386009			2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	1,207.20	
Dental Health Products Dept. CH 17966 Palatine, IL 60055-7966	-							
Account No.			2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	0.00	
Diamond Dental Lab 200 E. Howard Ave., Suite 272 Des Plaines, IL 60018	-							
Account No.			1997				Unknown	
Dr. Carolyn M Giannelli, P.C. c/o Reg. Agent RJ Pauls P.C. 619 Addison Road Addison, IL 60101	-							
Sheet no. 6 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,063.15

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 2009SC000472 First Choice Dental LLC c/o Timothy S. McGovern 12750 S. Harlem Ave., Suite 2A Palos Heights, IL 60463		2008 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	3,793.49	
Account No. Representing: First Choice Dental LLC		First Choice Dental 5120 Belmont Rd., Suite P Downers Grove, IL					
Account No. Glidewell 4141 MacArthur Blvd. Newport Beach, CA 92660		2008 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	Unknown	
Account No. Hansen-Incarnati Dental Lab, Inc. 181-183 W. Irving Park Road Roselle, IL 60172		2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	1,812.40	
Account No. 51621 Heritage Dental Laboratory c/o Keynote Consulting 220 W. Campus Dr., Suite 102 Arlington Heights, IL 60004		12/01/05 Collection Attorney Heritage Dental Laboratory Debt for Dr. Carolyn M. Giannelli, PC			X	1,766.00	
Sheet no. 7 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 7,371.89	

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 478964456			2008				
Itasca Bank & Trust Co. 308 W. Irving Park Road Itasca, IL 60143	X	-	Corporate debt for Dr. Carolyn M. Giannelli, P.C. -- personal guaranty; debt secured by assests of Dr. Carolyn M. Giannelli, PC				116,323.00
Account No.			personal loans				
Matteo Labate 479 Sarah Court Wood Dale, IL 60191		-					80,000.00
Account No. 30328			2003 & 2004				
McEnerney & Associates 1040 S. Arlington Heights Road Arlington Heights, IL 60005		-	Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	3,200.00
Account No.			2008				
Micro 110 Lela Lane Schaumburg, IL 60193		-	Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	Unknown
Account No.			2008				
Millenium Ceramic Arts 408 N. Ardmore Avenue Villa Park, IL 60181		-	Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	Unknown
Sheet no. 8 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							199,523.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.				526.33
Modern Dental Laboratory 6325 N. Milwaukee Avenue Chicago, IL 60646	-				X		
Account No. 8250216433110			10/01/05 Credit card purchases plus accrued interest				19.00
Monroe And Main 1112 7th Ave Monroe, WI 53566	-						
Account No. 73-37-30-1000 5			2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.				203.26
Nicor Gas P.O. Box 0632 Aurora, IL 60507-0632	-				X		
Account No. 234665			2009 medical bills				796.66
OAD Orthopaedics, Ltd. P.O. Box 661307 Chicago, IL 60666-1307	-						
Account No.			2008 Corporate debt for Dr. Carolyn M. Giannelli, P.C.				Unknown
Omni Dental Supply 1412 Avenue M #2321 Brooklyn, NY 11230	-				X		
Sheet no. <u>9</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,545.25

B6F (Official Form 6F) (12/07) - Cont.

In re Carolyn Giannelli-Toniolo, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.			2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.				Unknown	
Oral Crafts Studio 1793 Bloomingdale Rd., Suite 9 Glendale Heights, IL 60139	-					X		
Account No.			2008 Corporate debt for Dr. Carolyn M. Giannelli, P.C.				Unknown	
Ottawa 1304 Starfire Drive Ottawa, IL 61350	-					X		
Account No. 69011315;69011543			2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.				244.35	
Payroll 1 2625 Butterfield 103N Oak Brook, IL 60523	-					X		
Account No.			Payroll 1 P.O. Box 410471 Saint Louis, MO 63141					
Representing: Payroll 1								
Account No. INV-002306;INV-010928			2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.				348.97	
Quantum Labs Inc MI97 P.O. Box 1414 Minneapolis, MN 55480-1414	-					X		
Sheet no. <u>10</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	593.32

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Rindone & Company 180 W. Park Ave., Suite 155 Elmhurst, IL 60126	-	2005 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	2,150.00
Account No. 75597457342 RJM Acquisitions LLC 575 Underhill Blvd., Suite 224 Syosset, NY 11791-3416	-	2008 Corporate debt for Dr. Carolyn M. Giannelli, P.C.				141.22
Account No. 69060 Safco Dental Supply Co 1111 Corporate Grove Drive Buffalo Grove, IL 60089	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	1,627.05
Account No. 219910322;119900719 Sallie Mae Attn: Claims Dept Po Box 9500 Wilkes Barre, PA 18773	-	7/1/90 & 3/1/91 Educational				15,852.00
Account No. Representing: Sallie Mae		Sallie Mae Servicing 1002 Arthur Drive Lynn Haven, FL 32444				
Sheet no. 11 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 19,770.27

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 129192 SKO Brenner American 40 Daniel Street P.O. Box 230 Farmingdale, NY 11735-0230	-	2009 medical bills				29.99
Account No. 87 SP Dental Lab 4209 St. Charles Road Bellwood, IL 60104	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	120.00
Account No. Spiwak Dental Laboratory 4123 Main Street Skokie, IL 60076	-	2007 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	1,280.57
Account No. 0048798 Stericycle, Inc. P.O. Box 9001588 Louisville, KY 40290-1588	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	144.67
Account No. 210511 Sunstar Americas, Inc. 4635 W. Foster Avenue Chicago, IL 60630-1709	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	167.87
Sheet no. <u>12</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,743.10

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Representing: Sunstar Americas, Inc.		Sunstar Americas 1454 Royal Drive Addison, IL 60101					
Account No. Tamarac Dental Laboratory, LLC 2112 W. Galena Ave., Suite 8-502 Aurora, IL 60506	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	1,813.72	
Account No. 63747 Target Po Box 9475 Minneapolis, MN 55440	-	11/01/08 Credit card purchases plus accrued interest				10.00	
Account No. Representing: Target		Target Nb P.O. Box 673 Minneapolis, MN 55440					
Account No. 39 10881472 The Hartford P.O. Box 2907 Hartford, CT 06104-2907	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	624.00	
Sheet no. 13 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,447.72	

B6F (Official Form 6F) (12/07) - Cont.

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R O W E R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 188						
Todays Dental Laboratory 1665 Quincy #155 Naperville, IL 60540	-	2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	1,081.50
Account No.						
Representing: Todays Dental Laboratory		Todays Dental Laboratory 567 S. Washington Street Naperville, IL 60540				
Account No. 3396871111						
Us Dept Of Education Attn: Borrowers Service Dept Po Box 5609 Greenville, TX 75403	-	11/01/00 Educational				148,525.00
Account No.						
Representing: Us Dept Of Education		US Dept Of Education 501 Bleecker St Utica, NY 13501				
Account No. 3220-1031698						
USY P.O. Box 3110 Jersey City, NJ 07303-3110	-	2005-2009 Corporate debt for Dr. Carolyn M. Giannelli, P.C.			X	1,782.00
Sheet no. 14 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 151,388.50
(Report on Summary of Schedules)						Total 457,023.24

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
ARN Neri Development c/o Valerie Loftus CPA 1001 W. Lake Street Addison, IL 60101	lease on dental office space

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dr. Carolyn M Giannelli, P.C.	Itasca Bank & Trust Co. 308 W. Irving Park Road Itasca, IL 60143
Mary Giannell aka Mary Labate 479 Sarah Court Wood Dale, IL 60191	Delaware Place Bank 190 E. Deleware Place Chicago, IL 60611

B6I (Official Form 6I) (12/07)

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Married	RELATIONSHIP(S): Son Daughter	AGE(S): 11 13
Employment:	DEBTOR	SPOUSE
Occupation	Dentist	
Name of Employer	Dr. Carolyn M. Giannelli. P.C.	
How long employed	10 years	
Address of Employer	601 W. Army Trail Road Addison, IL 60101	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 2,166.67	\$ 1,516.67
\$ 0.00	\$ 0.00

3. SUBTOTAL

\$ 2,166.67	\$ 1,516.67
--------------------	--------------------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
b. Insurance
c. Union dues
d. Other (Specify): _____

\$ 245.33	\$ 260.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 245.33	\$ 260.00
------------------	------------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 1,921.34	\$ 1,256.67
--------------------	--------------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify): _____
12. Pension or retirement income
13. Other monthly income (Specify): _____

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ 0.00
----------------	----------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 1,921.34	\$ 1,256.67
--------------------	--------------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 3,178.01

(Report also on Summary of Schedules and, if applicable, on
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re Carolyn Giannelli-Toniolo

Debtor(s)

Case No. _____

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	0.00
a. Are real estate taxes included? Yes _____ No <u>X</u>		
b. Is property insurance included? Yes _____ No <u>X</u>		
2. Utilities:	\$	400.00
a. Electricity and heating fuel	\$	40.00
b. Water and sewer	\$	0.00
c. Telephone	\$	200.00
d. Other <u>Comcast snf Internet</u>	\$	50.00
3. Home maintenance (repairs and upkeep)	\$	800.00
4. Food	\$	50.00
5. Clothing	\$	20.00
6. Laundry and dry cleaning	\$	250.00
7. Medical and dental expenses	\$	250.00
8. Transportation (not including car payments)	\$	20.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	20.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)	\$	33.00
a. Homeowner's or renter's	\$	0.00
b. Life	\$	100.00
c. Health	\$	0.00
d. Auto	\$	0.00
e. Other _____	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	630.00
b. Other _____	\$	0.00
c. Other _____	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other <u>See Detailed Expense Attachment</u>	\$	2,650.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **5,513.00**

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	3,178.01
b. Average monthly expenses from Line 18 above	\$	5,513.00
c. Monthly net income (a. minus b.)	\$	-2,334.99

B6J (Official Form 6J) (12/07)

In re **Carolyn Giannelli-Toniolo**

Case No. _____

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment

Other Expenditures:

<u>education necessary to maintain employment</u>	<u>\$</u>	<u>120.00</u>
<u>Childcare</u>	<u>\$</u>	<u>600.00</u>
<u>Education expense for your children under 18</u>	<u>\$</u>	<u>80.00</u>
<u>Contribution to household expenses (to spouse)</u>	<u>\$</u>	<u>1,500.00</u>
<u>payments on education loans</u>	<u>\$</u>	<u>350.00</u>
<u>Total Other Expenditures</u>	<u>\$</u>	<u>2,650.00</u>

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **Carolyn Giannelli-Toniolo**
Debtor(s)

Case No. _____
Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of
33 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **June 10, 2009**

Signature **/s/ Carolyn Giannelli-Toniolo**
Carolyn Giannelli-Toniolo
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (12/07)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Carolyn Giannelli-Toniolo**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$26,000.00	Employment -- salary Dr. Carolyn M. Giannelli PC, January 1, 2007 - December 31, 2007
\$26,000.00	Employment, salary Dr. Carolyn M. Giannelli PC January 1, 2008 - December 31, 2008
\$12,000.00	Employment, January 1, 2009 - May 14, 2009
\$0.00	2007 Dr. Carolyn M. Giannelli, PC gross sales \$361,836; net loss of \$7778
\$0.00	2008 Dr. Carolyn M. Giannelli PC gross sales \$342,161 net loss \$9278

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3. Payments to creditors

None ☒ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
First Choice Dental LLC v. Carolyn M. Giannelli, D.D.S. Case No 09SC000472	Small Claims	DuPage County Courthouse	Pending
ARN NERI DEVELOPMENT, INC. v. CAROLYN M. GIANELLI, DDS, Case No. 09LM001740	Judgment	DuPage County Courthouse	Pending
Darby Dental Supply LLC v. Dr. Carolyn M. Giannelli, P.C., Case No 08SC6410	Small Claims	DuPage County Courthouse	pending

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Richard L. Hirsh & Assoc. P.C. 1500 Eisenhower Lane Suite 800 Lisle, IL 60532-2135	3/24/09	\$5,500.00
Consumer Credit Counseling 400 Russel Court P.O Box 885 Woodstock, IL 60098	6/1/09	\$50.00

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF
GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18 . Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Dr. Carolyn M. Giannelli, P.C.	36-4195433	601 W. Army Trail Blvd., Suite D Villa Park, IL 60181	Dental Office	Jan 1999 - present

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS
Java Accounting
849 S. Highway 59
Bartlett, IL 60103

DATES SERVICES RENDERED
2005-2007

- None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date June 10, 2009

Signature /s/ Carolyn Giannelli-Toniolo
Carolyn Giannelli-Toniolo
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Carolyn Giannelli-Toniolo**
Debtor(s)

Case No. _____
Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Delaware Place Bank	Describe Property Securing Debt: 2004 Isuzu Ascender with 75,000 miles. (owned jointly with Mary Labaate) 208 Ariana Drive, Bartlett IL
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **June 10, 2009**

Signature **/s/ Carolyn Giannelli-Toniolo**
Carolyn Giannelli-Toniolo
Debtor

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United States Bankruptcy Court
Northern District of Illinois

In re **Carolyn Giannelli-Toniolo**

Debtor(s)

Case No.

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>5,500.00</u>
Prior to the filing of this statement I have received.....	\$	<u>5,500.00</u>
Balance Due.....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **Matteo Labate**

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, trial of contested matters, or any other adversary proceeding

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **June 10, 2009**

/s/ Richard L. Hirsh

Richard L. Hirsh 1225936
Richard L. Hirsh & Associates, P.C.
1500 Eisenhower Lane
Suite 800
Lisle, IL 60532-2135
630 434-2600 Fax: 630 434-2626
richala@sbcglobal.net

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Richard L. Hirsh 1225936

Printed Name of Attorney

Address:

1500 Eisenhower Lane

Suite 800

Lisle, IL 60532-2135

630 434-2600

richala@sbcglobal.net

X **/s/ Richard L. Hirsh**

Signature of Attorney

June 10, 2009

Date

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Carolyn Giannelli-Toniolo

Printed Name(s) of Debtor(s)

X **/s/ Carolyn Giannelli-Toniolo**

Signature of Debtor

June 10, 2009

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date

**United States Bankruptcy Court
Northern District of Illinois**

In re **Carolyn Giannelli-Toniolo** Debtor(s) Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **84**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **June 10, 2009** **/s/ Carolyn Giannelli-Toniolo**
Carolyn Giannelli-Toniolo
Signature of Debtor

<p>Advanced Medical, Inc. 600 Town Lane, Suite 500 Kennesaw, GA 30144</p>	<p>Associated Pathology Consultants c/o Northwest Collectors 3601 Algonquin Rd., Suite 23 Rolling Meadows, IL 60008</p>	<p>Central DuPage Hospital c/o H&R Account Inc. 7017 John Deer Parkway Moline, IL 61265</p>
<p>Alexian Brothers Medical Center c/o Harris & Harris Ltd. 664 N. Milwaukee Avenue Prospect Heights, IL 60070</p>	<p>Associated Pathology Consultants P.O. Box 3680 Peoria, IL 61612-3680</p>	<p>Certified Services Inc Po Box 177 Waukegan, IL 60079</p>
<p>Alexian Brothers Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007-3397</p>	<p>Barrington Ortho c/o ACC International 919 Estes Court Schaumburg, IL 60193-4427</p>	<p>Certified Services Inc 1733 Washington St., Suite 2 Waukegan, IL 60085</p>
<p>American Dental Accessories, Inc. 7310 Oxford Street Minneapolis, MN 55426</p>	<p>Barrington Ortho: Phase One 1030 W. Higgins Road Hoffman Estates, IL 60169</p>	<p>Comcast Cable P.O. Box 3002 Southeastern, PA 19398-3002</p>
<p>American Family Heating & Air 7069 West Avenue Hanover Park, IL 60133</p>	<p>Biomet 3i, Inc. P.O. Box 863094 Orlando, FL 32886-3094</p>	<p>ComEd P.O. Box 6111 Carol Stream, IL 60197-6111</p>
<p>American Recovery Services, Inc. 555 St. Charles Dr., Suite 100 Thousand Oaks, CA 91360</p>	<p>Capital Dental Technology 1952 McDowell Road Naperville, IL 60563</p>	<p>ComEd Bill Payment Center Chicago, IL 60668-0001</p>
<p>ARN Neri Development c/o Valerie Loftus CPA 1001 W. Lake Street Addison, IL 60101</p>	<p>Capital One Bank c/oCoface Collections North America P.O. Box 8510 Metairie, LA 70011-8510</p>	<p>Credit One Bank Customer Service Po Box 98873 Las Vegas, NV 89193</p>
<p>ARN Neri Development, Inc. c/o Vincent C. Argento 1100 N. Arlington Heights Rd., #510 Itasca, IL 60143</p>	<p>Capital One Small Business c/o Coface North America 3001 Division Street Metairie, LA 70002</p>	<p>Credit One Bank P.O. Box 60500 City Of Industry, CA 91716-0500</p>
<p>ARN Neri, Development, inc. c/o Valerie Loftus 1001 W. Lake St., Suite A Addison, IL 60101</p>	<p>Central DuPage Hospital c/o H&R Accounts Inc. P.O. Box 672 Moline, IL 61265</p>	<p>Credit One Bank P.O. Box 98875 Las Vegas, NV 89193</p>
<p>Artistic 470 Woodcreek Drive Bolingbrook, IL 60440</p>	<p>Central DuPage Hospital 0N025 Winfield Road Winfield, IL 60190-1295</p>	<p>Darby Dental Supply LLC c/o Abrams & Abrams, P.C. 180 W. Washington St., #910 Chicago, IL 60602</p>

Delaware Place Bank
190 E. Delaware Place
Chicago, IL 60611

Hansen-Incarnati Dental Lab, Inc.
181-183 W. Irving Park Road
Roselle, IL 60172

McEnerney & Associates
1040 S. Arlington Heights Road
Arlington Heights, IL 60005

Delaware Place Bank
P.O. Box 9328
Lombard, IL 60148

Heritage Dental Laboratory
c/o Keynote Consulting
220 W. Campus Dr., Suite 102
Arlington Heights, IL 60004

Micro
110 Lela Lane
Schaumburg, IL 60193

Denatal Power
100 Westgreen Drive
Suite 203
Chapel Hill, NC 27516

Internal Revenue Service
P.O. Box 21126
Philadelphia, PA 19114-0326

Millenium Ceramic Arts
408 N. Ardmore Avenue
Villa Park, IL 60181

Dental Health Products
Dept. CH 17966
Palatine, IL 60055-7966

IRS
STOP 5013CHI
230 S. DEARBORN ST.
Chicago, IL 60604

Modern Dental Laboratory
6325 N. Milwaukee Avenue
Chicago, IL 60646

Diamond Dental Lab
200 E. Howard Ave., Suite 272
Des Plaines, IL 60018

IRS
PO Box
Cincinnati, OH 45280-0010

Monroe And Main
1112 7th Ave
Monroe, WI 53566

Dr. Carolyn M Giannelli, P.C.
c/o Reg. Agent RJ Pauls P.C.
619 Addison Road
Addison, IL 60101

IRS
PO BOX 80110
Cincinnati, OH 45280-0010

Nicor Gas
P.O. Box 0632
Aurora, IL 60507-0632

Dr. Carolyn M Giannelli, P.C.

IRS
PO BOX 80110
Cincinnati, OH 45280-0014

OAD Orthopaedics, Ltd.
P.O. Box 661307
Chicago, IL 60666-1307

First Choice Dental
5120 Belmont Rd., Suite P
Downers Grove, IL

Itasca Bank & Trust Co.
308 W. Irving Park Road
Itasca, IL 60143

Omni Dental Supply
1412 Avenue M #2321
Brooklyn, NY 11230

First Choice Dental LLC
c/o Timothy S. McGovern
12750 S. Harlem Ave., Suite 2A
Palos Heights, IL 60463

Mary Giannell aka Mary Labate
479 Sarah Court
Wood Dale, IL 60191

Oral Crafts Studio
1793 Bloomingdale Rd., Suite 9
Glendale Heights, IL 60139

Payroll 1
2625 Butterfield 103N
Oak Brook, IL 60523

Spiwak Dental Laboratory
4123 Main Street
Skokie, IL 60076

Us Dept Of Education
Attn: Borrowers Service Dept
Po Box 5609
Greenville, TX 75403

Payroll 1
P.O. Box 410471
Saint Louis, MO 63141

Stericycle, Inc.
P.O. Box 9001588
Louisville, KY 40290-1588

US Dept Of Education
501 Bleecker St
Utica, NY 13501

Quantum Labs Inc
MI97 P.O. Box 1414
Minneapolis, MN 55480-1414

Sunstar Americas
1454 Royal Drive
Addison, IL 60101

USY
P.O. Box 3110
Jersey City, NJ 07303-3110

Rindone & Company
180 W. Park Ave., Suite 155
Elmhurst, IL 60126

Sunstar Americas, Inc.
4635 W. Foster Avenue
Chicago, IL 60630-1709

RJM Acquisitions LLC
575 Underhill Blvd., Suite 224
Syosset, NY 11791-3416

Tamarac Dental Laboratory, LLC
2112 W. Galena Ave., Suite 8-502
Aurora, IL 60506

Safco Dental Supply Co
1111 Corporate Grove Drive
Buffalo Grove, IL 60089

Target
Po Box 9475
Minneapolis, MN 55440

Sallie Mae
Attn: Claims Dept
Po Box 9500
Wilkes Barre, PA 18773

Target Nb
P.O. Box 673
Minneapolis, MN 55440

Sallie Mae Servicing
1002 Arthur Drive
Lynn Haven, FL 32444

The Hartford
P.O. Box 2907
Hartford, CT 06104-2907

SKO Brenner American
40 Daniel Street
P.O. Box 230
Farmingdale, NY 11735-0230

Today's Dental Laboratory
1665 Quincy #155
Naperville, IL 60540